



MEMBERSHIP RECORD
STATE EXCISE POLICE, GAMING AGENT, GAMING
CONTROL OFFICER & CONSERVATION
ENFORCEMENT OFFICERS' RETIREMENT PLAN

State Form 11403 (R2 / 10-08)

STATE EXCISE POLICE, GAMING AGENT,
GAMING CONTROL OFFICER & CONSERVATION
ENFORCEMENT OFFICERS' RETIREMENT PLAN
143 West Market Street
Indianapolis, Indiana 46204-2899

* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code; disclosure is mandatory and this form will not be processed without it.

- INSTRUCTIONS:**
1. Please type or print. Use black ink.
 2. Complete all information. Remember to put your name and Social Security Number at the top of every page.
 3. Submit a copy of the member's birth certificate, which is required for this record to be processed.
 4. Return the completed form directly to the State Excise Police, Gaming Agent, Gaming Control Officer and Conservation Enforcement Officers' Retirement Plan at the above address.

STEP 1 - MEMBER INFORMATION

Social Security Number *		Date of birth (month, day, year)	
Name of member (first, middle initial, last)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (number and street, city, state, and ZIP code)			
Home telephone number ()	Other telephone number ()	E-mail address	
Name of department		Beginning date of employment (month, day, year)	

STEP 2 - FAMILY DATA

Name of spouse (first, middle initial, last)	Date of birth (month, day, year)
Name of dependent (first, middle initial, last)	Date of birth (month, day, year)
Name of dependent (first, middle initial, last)	Date of birth (month, day, year)
Name of dependent (first, middle initial, last)	Date of birth (month, day, year)
Name of dependent (first, middle initial, last)	Date of birth (month, day, year)
Name of dependent (first, middle initial, last)	Date of birth (month, day, year)

Name of member (<i>last, first, middle initial</i>)	Social Security Number *
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STEP 4 - DESIGNATION OF BENEFICIARY	
<p><i>If a surviving widow, parent, or child under eighteen (18) years of age is nominated as a beneficiary, he or she may be entitled to survivor benefits. It is important that you nominate <u>one</u> primary beneficiary and <u>one</u> contingent beneficiary.</i></p>	
<p>In accordance with the provisions of the act governing the State Excise Police, Gaming Agent and Conservation Officers' Retirement Plan, I hereby nominate the following person as my primary beneficiary under the Retirement Plan.</p>	
Full name of primary beneficiary (<i>first, middle, last</i>)	Relationship (<i>if any</i>)
Address (<i>number and street, city, state, and ZIP code</i>)	
<p>I hereby nominate the following person as my contingent beneficiary under the Retirement Plan.</p>	
Full name of contingent beneficiary (<i>first, middle, last</i>)	Relationship (<i>if any</i>)
Address (<i>number and street, city, state, and ZIP code</i>)	
<p>If the beneficiary herein nominated shall survive me, he or she shall receive all funds due from my participation in the State Excise Police, Gaming Agent, Gaming Control Officer and Conservation Officers' Retirement Plan. If the beneficiary shall not survive me, then the contingent beneficiary shall receive such funds. If neither survive me, then the beneficiary shall be my estate. I reserve the right to change the beneficiary or contingent beneficiary at any time by filing written notice of such change, duly witnessed, with the Board of Trustees of the Public Employees' Retirement Fund of Indiana.</p>	
Signature of employee	Date (<i>month, day, year</i>)

STEP 5 - CERTIFICATION OF PRESENT EMPLOYER	
<p>I hereby certify that, according to the evidence submitted to me, the foregoing statements and record of service listed is correct to the best of my knowledge and belief.</p>	
Signature of authorized individual	Date (<i>month, day, year</i>)
Printed name of authorized individual	Title of authorized individual